SEC Mail Mail Processing Section UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## **FORM D**

Washington, DC 106

JUN 02 2008

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1436914

OMB Number: 3235-0076 Expires: April 30, 2008

| Expires: April 30, 2008  |  |
|--------------------------|--|
| Estimated average burden |  |
| hours per response 1.00  |  |
|                          |  |

| SEC USE ONLY |            |  |  |  |  |  |  |
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| Prefix       | Serial     |  |  |  |  |  |  |
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|  |                              |                         |                |                   |  | _ |
|--|------------------------------|-------------------------|----------------|-------------------|--|---|
| Name of Offering( check if this          | is an amendment and nar      | ne has changed, ar      | nd indicate    | change.)          |  |   |
| Orthosensor, Inc Preferred Stock Of      | ffering                      |                         |                |                   |  |   |
| Filing Under (Check box(es) that appl    | y): 🔲 Rule 504               | ☐ Rule 505              | 🛛 Rule         | 506               | Section 4(6) ULOE                                |   |
| Type of Filing: 🗵 New Filing             | □Amendment                   |                         |                |                   | PROCESSED.                                       |   |
|  | ·A. BASIC I                  | IDENTIFICATION          | DATA           |                   | 1 KO OLOOLD                                      |   |
| 1. Enter the information requested about | out the issuer               |                         |                |                   | X 11 11 1 1 C 0000                               |   |
| Name of Issuer ( check if this is        | s an amendment and name h    | as changed, and ind     | icate change   | .)                | <u></u>  |   |
| Orthosensor, Inc.                        |                              |                         |                |                   | TUORICONI DELIZIO                                |   |
| Address of Executive Offices             | (Number and                  | Street, City, State, 2  | Lip Code)      | Telephone N       | under Charles Say REUTERS                        | _ |
| 2555 Davie road, Fort Lauderdale, Flo    | •                            | *                       | ,              | 954-448-357       |  |   |
| Address of Principal Business Operati    | ons (Number and              | Street, City, State, 2  | in Code)       | Telepho           |  | _ |
| (if different from Executive Offices) s  |                              | Street, City, State, 2  | ip code)       | Тетерие           |  | ı |
| <u> </u>                                 |                              |                         |                | <u> </u>          | 1 14 E X 6 E F F F F F F F F F F F F F F F F F F | _ |
| Brief Description of Business            | ongon gustama for annlicatio | main tha field of our   | hanadias       |                   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1            |   |
| Medical device company developing s      | ensor systems for applicant  | his in the field of ord | nopeuses.      |                   | 1 1 1 1 2 11 1 1 1 1 1 1 1 1 1 1 1 1 1           |   |
| Type of Business Organization            |                              |                         |                |                   | 08050917   | - |
| ⊠ corporation                            | limited partnership, ali     | ready formed            |                |                   | 000000   |   |
| ,  |                              | •                       | other          | ; limited liabili | ity company                                      |   |
| ☐ business trust                         | limited partnership, to      | be formed               |                |                   |  |   |
| <del>-</del>                             | •                            | Month                   | Year           |                   |  |   |
| Actual or Estimated Date of Incorpora    | tion or Organization:        | 10                      | 2007           | ⊠Actual           | ☐ Estimated                                      |   |
| Jurisdiction of Incorporation or Organ   | ization: (Enter two-letter U | .S. Postal Service ab   | breviation for | or State: DE      |  |   |
| · ·                                      | CN fo                        | r Canada; FN for otl    | her foreign j  | urisdiction)      |  |   |

### GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6). 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| A. BASIC IDENTIFICATION DATA   |
|--|
| <ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul> |
| Check Box(es) that Apply:  Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  |
| Full Name (Last name first, if individual) Roche, Martin   |
| Business or Residence Address (Number and Street, City, State, Zip Code) 2555 Davie Road, Fort Lauderdale, Florida 33317   |
| Check Box(es) that Apply:  Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  |
| Full Name (Last name first, if individual) .Aguero, Manuel   |
| Business or Residence Address (Number and Street, City, State, Zip Code) 3801 S.W. 30 <sup>th</sup> Avenue, Fort Lauderdale, Florida 33312   |
| Check Box(es) that Apply:  Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  |
| Full Name (Last name first, if individual) Delevic, Ivan   |
| Business or Residence Address (Number and Street, City, State, Zip Code) 2555 Davie Road, Fort Lauderdale, Florida 33317   |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner   |
| Full Name (Last name first, if individual) Pierce, Jay   |
| Business or Residence Address (Number and Street, City, State, Zip Code) 9100 South Dadeland Boulevard, Suite 106, Miami, Florida 33156  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner   |
| Full Name (Last name first, if individual) Stein, Marc   |
| Business or Residence Address (Number and Street, City, State, Zip Code) 2555 Davie Road, Fort Lauderdale, Florida 33317   |
| Check Box(es) that Apply:  Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  |
| Full Name (Last name first, if individual) Dewey, Christopher  |
| Business or Residence Address (Number and Street, City, State, Zip Code) 120 Broadway, 27th Floor, New York, New York 10271  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner   |
| Full Name (Last name first, if individual) Machover, Eitan   |
| Business or Residence Address (Number and Street, City, State, Zip Code) 250 E. Wisconsin Avenue, Suite 1900, Milwaukee, Wisconsin 53202   |
| (Use blank sheet or convend use additional copies of this sheet as necessary)  |

|      |                          |                             |                             |                 | B. IN        | FORMA                      | TION ABO         | OUT OFF                   | ERING                     |                                |                            |                      |              |
|------|--------------------------|-----------------------------|-----------------------------|-----------------|--------------|----------------------------|------------------|---------------------------|---------------------------|--------------------------------|----------------------------|----------------------|--------------|
|      |                          |                             |                             |                 |              |                            |                  |                           |                           |                                |                            | Yes                  | s No         |
| 1.   | Has the is:              | suer sold, o                | or does the                 | issuer inte     | nd to sell,  | to non-acc                 | credited inv     | estors in t               | his offerin               | g?                             |                            | 🗆                    | $\boxtimes$  |
|      |                          |                             |                             |                 |              |                            | Column 2,        |                           |                           |                                |                            |                      |              |
| 2.   | What is th               | e minimun                   | n investme                  |                 |              |                            |                  |                           |                           |                                |                            | \$ 1                 | 5,000.00     |
|      | Wildt is til             | ic minimum                  |                             |                 | oc accept    | od mom a                   | ,                |                           |                           |                                |                            | Ye                   |              |
| ,    | Danasha a                | · 66                        |                             |                 | afa aimala   | :40                        |                  |                           |                           |                                |                            | ⊠                    | -            |
| 3.   |                          |                             |                             |                 |              |                            |                  |                           |                           | y or indirec                   |                            |                      | ш            |
| 4.   | sion or sin              | nilar remui<br>d is an asso | neration for<br>ociated per | r solicitations | on of purch  | nasers in c<br>cer or deal | onnection volume | with sales<br>ed with the | of securities<br>SEC and/ | es in the off<br>or with a sta | ering. If a pate or states | person<br>, list the |              |
|      |                          |                             |                             |                 |              |                            | be listed ar     | e associat                | ed persons                | of such a b                    | roker or dea               | aler, you            |              |
|      | may set to               | orth the infe               | ormation is                 | or that broi    | cer or dear  | er only.                   |                  |                           |                           |                                |                            |                      |              |
| Coll | Name (La:                | ct nama fir                 | ct if indivi                | idual)          |              |                            |                  |                           |                           |                                | <del></del>                |                      |              |
| Jone | es, Stephen              | T.                          |                             |                 |              |                            |                  |                           |                           |                                |                            |                      |              |
|      | iness or Re<br>Broadway, |                             |                             |                 |              | . State, Zi                | p Code)          |                           |                           |                                |                            |                      |              |
|      | ne of Assoc              |                             |                             | ег              |              | <del>,</del>               |                  |                           | .' '                      |                                |                            |                      |              |
|      | ional Secur              | <del>-</del>                |                             |                 |              |                            |                  |                           |                           |                                |                            |                      |              |
| Stat | es in Whiel<br>(Check "A |                             |                             |                 |              |                            |                  |                           |                           |                                |                            |                      | All States   |
|      | (AL)                     | [AK]                        | (AZ)                        | [AR]            | [CA]         | [CO]                       | [[CT]]x          | [DE]                      | [DC]                      | [FL]x                          | [GA]                       | [HI]                 | [ID]         |
|      | į(ĪL)x                   | [IN]                        | [IA]                        | [KS]            | [KY]         | [LA]                       | (ME)             | [MD]                      | (MA)                      | [MI]                           | [MN]x                      | [MS]                 | [MO]         |
|      | (MT)                     | [NE]                        | [NV]                        | [NH]            | [NJ]x        | [ MM ]                     | [NY]x            | [NC]                      | [ND]                      | [OH]                           | [OK]                       | [OR]                 | [PA]         |
|      | [RI]                     | [SC]                        | [SD]                        | [TN]            | [TX]         | (UT)                       | (VT)             | [VA]                      | [WA]                      | [WV]                           | x[[W]]x                    | [WY]                 | [PR]         |
| Full | Name (Las                | st name fir                 | st, if indivi               | idual)          |              |                            |                  | ·                         |                           |                                |                            |                      | <del></del>  |
|      |                          |                             |                             |                 |              |                            |                  |                           |                           |                                |                            |                      |              |
| Bus  | iness or Re              | sidence Ac                  | ldress (Nu                  | mber and S      | Street, City | , State, Zi                | p Code)          | -                         |                           |                                |                            |                      |              |
| Nar  | ne of Assoc              | iated Brok                  | er or Deal                  | er              |              |                            |                  |                           |                           |                                |                            |                      |              |
|      |                          |                             |                             |                 |              |                            |                  |                           |                           |                                |                            |                      |              |
| Stat | es in Whicl              |                             |                             |                 |              |                            |                  |                           | .,,,,,,,,,,               |                                |                            |                      | All States   |
|      | (AL)                     | [AK]                        | [AZ]                        | [AR]            | [CA]         | [CO]                       | [CT]             | [DE]                      | [DC]                      | [FL]                           | [GA]                       | [HI]                 | [ID]         |
|      | [IL]                     | [IN]                        | [IA]                        | [KS]            | [KY]         | [LA]                       | [ME]             | [MD]                      | [MA]                      | [MI]                           | [MN]                       | [MS]                 | [MO]         |
|      | [MT]                     | [NE]                        | [NV]                        | [NH]            | [NJ]         | [MM]                       | [NY]             | (NC)                      | [ND]                      | [OH]                           | [OK]                       | [OR]                 | [PA]         |
|      | [RI]                     | [SC]                        | [SD]                        | [TN]            | [TX]         | [UT]                       | [VT]             | [AV]                      | [WA]                      | [WV]                           | [WI]                       | [WY]                 | [PR]         |
| Full | Name (La                 | st name fir                 | st, if indiv                | idual)          | <del></del>  |                            |                  | -                         |                           |                                |                            |                      |              |
| Pus  | iness or Re              | cidence A                   | dress (No                   | mher and s      | Street City  | State 7                    | n Code)          |                           |                           |                                |                            |                      |              |
| Dus  | diless of Re             | Sidence Ac                  |                             | inoci ana s     | oncet, eny   | , state, 21                | p code)          |                           |                           |                                |                            | <u>,</u>             |              |
| Nar  | ne of Assoc              | ciated Brok                 | er or Deal                  | er              |              |                            |                  |                           |                           |                                |                            |                      |              |
| Stat | es in Which              |                             |                             |                 |              |                            | urchasers        |                           |                           |                                |                            |                      | All States   |
|      | •                        |                             |                             |                 | <u>=</u>     |                            |                  |                           |                           |                                |                            |                      |              |
|      | (AL)                     | [AK]                        | [AZ]                        | [AR]            | [CA]         | [CO]                       | [CT]             | [DE]                      | [DC]                      | [FL]                           | [GA]                       | [HI]                 | [ID]         |
|      | (IL)                     | (IN)                        | (IA)                        | (KS)            | [KY]         | [LA]                       | [ME]             | [MD]                      | [MA]                      | [MI]                           | [WN]                       | (MS)<br>(OR)         | [MO]<br>[PA] |
|      | [MT]                     | [NE]                        | [NV]                        | [NH]            | [NJ]         | [NM]                       | [NY]             | [NC]                      | [ND]                      | [HO]<br>[VW]                   | (WI)                       | [WY]                 | [PR]         |
|      | [RI]                     | [SC]                        | [SD]                        | [TN]            | [ TX ]       | [UT]                       | [VT]             | [VA]                      | [WA]                      | [ AA A ]                       | [ AA T ]                   | [ ** 1 ]             | frici        |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|    | C. OFFERING, PRICE, NUMBER OF INVESTORS, EXPENSI  | ES AND USE OF PROC          | CEEDS  |
|----|---|-----------------------------|--|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                             |  |
|    | Type of Security  | Aggregate<br>Offering Price | Amount Already<br>Sold   |
|    | Debt  | \$                          |  |
|    | Equity first closing completed for \$3,378,740 (milestones for second closing)  | \$ 5,000,000                | \$_4,989,000   |
|    | Convertible Securities (including warrants)   | \$                          | \$   |
|    | Partnership Interests   | \$ -0-                      | \$ -0-   |
|    | Other (Specify)   | \$ -0-                      |  |
|    | Total   | \$ 5,000,000                | \$ 4,989,000   |
|    | Answer also in Appendix, Column 3, if filing under ULOE   | <u> </u>                    |  |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |                             |  |
|    |   | Number<br>Investors         | Aggregate<br>Dollar Amount<br>of Purchases   |
|    | Accredited Investors  | 29                          | \$ <u>4,989,000</u>  |
|    | Non-accredited Investors  |                             |  |
|    | Total (for filings under Rule 504 only)   | n/a                         |  |
|    | Answer also in Appendix, Column 4, if filing under ULOE   |                             |  |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.  |                             | D.N. Associa   |
|    | Type of Offering  | Type of<br>Security         | Dollar Amount<br>Sold  |
|    | Rule 505  | n/a-                        | \$   |
|    | Regulation A  | n/a                         |  |
|    | Rule 504  | n <u>/a-</u>                | \$   |
|    | Total   | n/a                         |  |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |  |
|    | Transfer Agent's Fees   |                             | □ \$ <u>-0-</u>  |
|    | Printing and Engraving Costs  |                             | <b>S</b> 2,000.00  |
|    | Legal, IP and Consulting Fees   |                             | <b>S</b> \$ 230,000.00   |
|    | Accounting Fees   |                             | \$\ \ \begin{aligned}  \qu |
|    | Engineering Fees  |                             | S0   |
|    | Sales Commissions (no cash payment; warrants for 70,000 shares of Series A Conv   | vertible Stock)             | X \$(1) See, next page   |
|    | Other Expenses (identify), NSC, Escrow Fees and Miscellaneous closing costs   |                             |  |
|    | Total   |                             | <b>⊠</b> \$ 258.722  |

| C. OFFERING, PRICE, NUMBER   | OF INVESTORS, EXPENS   | ES AND USE OF PRO                                      | CEEDS   |
|--|--|--|---|
| b. Enter the difference between the aggregate price gi<br>Question 1 and total expenses furnished in response to<br>difference is the "adjusted gross proceeds to the issuer."   | Part C - Question 4.a. This  |  | \$4,730,278.00(1)                               |
| (1) Does not include the non-cash sales commission-estimated   | 1 at \$135,000 (warrants)  |  |   |
| <ol> <li>Indicate below the amount of adjusted gross proceeds to<br/>to be used for each of the purposes shown. If the am<br/>known, furnish an estimate and check the box to the left<br/>the payments listed must equal the adjusted gross proce<br/>response to Part C - Question 4.b above.</li> </ol> | ount for any purpose is not of the estimate. The total of  | Payments To<br>Officers,<br>Directors, &<br>Affiliates | Payments To<br>Others                           |
| Salaries and fees  |  | \$_490,000   | <u> </u>  |
| Purchase of real estate  |  | S -0-  | \$ <u>-0-</u>                                   |
| Purchase, rental or leasing and installation of machin   | nery and equipment   | S0-  | <b>∑</b> \$ 50,000                              |
| Construction or leasing of plant buildings and facilit   | ies  | \$ <u>-0-</u>  | \$0   |
| Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)  Repayment of indebtedness  | or securities of another  or securities of another | \$ -0-<br>\$ -0-<br>\$ \$ 150,000<br>\$ -0-            | \$0-<br>\[ \S \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Column Totals  |  |  |   |
| Total Payments Listed (column totals added)  | FEDERAL SIGNATURE  | ₩ \$4,   | 730,278.00                                      |
|  |  | n If this nation is filed                              | under Rule 505, the following                   |
| The issuer has duly caused this notice to be signed by the undersignature constitutes an undertaking by the issuer to furnish to information furnished by the issuer to any non-accredited investigation.  | the U.S. Securities and Excha  | inge Commission, upon                                  | written request of its staff, the               |
| Issuer (Print or Type) Orthosensor, Inc.   | Signature  | ~  | Date<br>May <u>50</u> , 2008                    |
| Name of Signer (Print or Type) Martin Roche  | Title of Signer (Print or Typ<br>President   | Narth Roch   | e.  |

# **ATTENTION**

|    | E. STA  | TE SIGNATURE               |                             |                                    |  |  |  |
|----|---|----------------------------|-----------------------------|------------------------------------|--|--|--|
| 1. | Is any party described in 17 CFR 230.262 presently subject to a of such rule?   | ny of the disqualifica     | tion provisions             | Yes No                             |  |  |  |
|    | See Appendix, O   | Column 5, for state re     | sponse.                     |                                    |  |  |  |
| 2. | 2. The undersigned issuer hereby undertakes to furnish to any st (17 CFR 239.500) at such times as required by state law.   | ate administrator of       | any state in which this no  | otice is filed, a notice on Form D |  |  |  |
| 3. | 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.  |                            |                             |                                    |  |  |  |
| 4. | 4. The undersigned issuer represents that the issuer is familiar v Offering Exemption (ULOE) of the state in which this notice is has the burden of establishing that these conditions have been so | s filed and understand     |                             |                                    |  |  |  |
|    | The issuer has read this notification and knows the contents to be tr<br>duly authorized person.  | rue and has duly caus      | ed this notice to be signed | on its behalf by the undersigned   |  |  |  |
|    | Issuer (Print or Type) Orthosensor, Inc. Sign   | ature M                    | the                         | Date May \$ 2008                   |  |  |  |
|    |   | of Signer (Print or Tident | ype) MARTHU Q               | scho                               |  |  |  |

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|       |                                | <u> </u>                              |  | AP                                   | PENDIX   |  |        |  |          |
|-------|--------------------------------|---------------------------------------|--|--------------------------------------|--|--|--------|--|----------|
| 1     | Intend<br>to non-a<br>investor | to sell ccredited s in State -ltem 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | Type of investor and amount purchased in State |  |        | Disqualit Under Stat (if yes, Type of investor and explana |          |
| State | Yes                            | No                                    | Series A<br>Preferred Stock  | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-<br>Accredited<br>Investors | Amount | Yes  | No       |
| AL    |                                |                                       |  |                                      |  |  | ·      |  |          |
| AK    |                                |                                       |  |                                      |  |  |        |  |          |
| AZ    |                                |                                       |  |                                      |  |  | -      |  |          |
| AR    | _                              |                                       |  |                                      |  | <del></del>                                  |        |  | -        |
| CA    |                                |                                       |  |                                      |  | <u> </u>                                     |        |  |          |
| СО    |                                |                                       |  |                                      |  |  |        |  |          |
| СТ    |                                | х                                     | \$5,000,000  | 2                                    | \$150,000                                      | 0  | 0      |  | х        |
| DE    |                                |                                       |  | · <del></del>                        |  | <del>-  </del>                               |        |  |          |
| DC    |                                |                                       |  |                                      |  |  |        |  | -        |
| FL    |                                | Х                                     | \$5,000,000  | 8                                    | \$930,000                                      | 0  | 0      |  | х        |
| GA    |                                |                                       |  |                                      |  | _  | ,      |  |          |
| HI    |                                |                                       |  |                                      |  | <u> </u>                                     |        |  |          |
| ID    | <del></del>                    |                                       | .7   |                                      |  | -  |        |  | -        |
| IL    |                                | Х                                     | \$5,000,000  | 2                                    | \$85,000                                       | 0  | 0      |  | Х        |
| IN    |                                |                                       |  |                                      |  |  |        |  |          |
| IA    |                                |                                       |  |                                      |  | _  |        | -  |          |
| KS    |                                |                                       |  |                                      |  |  | ,      |  |          |
| KY    |                                | · · · · · · · · · · · · · · · · · · · |  |                                      |  |  |        |  |          |
| LA    |                                |                                       |  |                                      |  |  | _      |  |          |
| ME    |                                |                                       | -  |                                      | <del></del> .                                  |  |        |  |          |
| MD    |                                |                                       |  |                                      |  |  | -~     |  |          |
| MA    |                                |                                       |  |                                      |  |  |        |  |          |
| MI    |                                |                                       |  |                                      |  |  |        |  |          |
| MN    |                                | Х                                     | \$5,000,000  | 1                                    | \$500,000                                      | 0  | 0      |  | Х        |
|       | ı                              | l                                     | .1   | 1                                    |  |  |        |  | <b>.</b> |

MS MO

| ΑI | р | EN | D | IX |
|----|---|----|---|----|

|  |                    |                         | <del> </del>   | All  | ENDIX       |  |             |           |     |  |
|--|--------------------|-------------------------|--|--|-------------|--|-------------|-----------|-----|--|
| l  | Intend<br>to non-a | d to sell<br>accredited | Type of security and aggregate offering price offered in state | of security aggregate ring price  Disq Under (if y exp |             | Type of investor and amount purchased in State |             |           |     |  |
|  |                    | 3-Item 1)               | (Part C-Item 1)  |  | (Part C-    | Item 2)  |             | (Part E   |     |  |
| <del>                                     </del> | (1 41 (1)          |                         | (2 201 0 100111 1)   | Number of  | (1 44.0     | Number of                                      |             | ,         | I   |  |
| State  | Yes                | No                      | Series A<br>Preferred Stock                                    | Accredited<br>Investors                                | Amount      | Non-<br>Accredited<br>Investors                | Amount      | Yes       | No  |  |
| NE   |                    |                         |  |  |             |  |             |           |     |  |
| NV   |                    |                         |  |  |             |  |             |           |     |  |
| NH   |                    |                         |  |  |             |  |             |           |     |  |
| NJ   | ,                  | X                       | \$5,000,000  | 5  | \$690,000   | 0  | 0           |           | х   |  |
| NM   |                    |                         |  |  | <u></u> -   |  | <del></del> |           |     |  |
| NY   |                    | X                       | \$5,000,000  | 6  | \$1,349,000 | 0  | 0           |           | Х   |  |
| NC   |                    |                         |  |  |             |  | ···         |           |     |  |
| ND<br>OH   |                    |                         |  |  |             |  |             |           |     |  |
| OK   |                    |                         |  |  |             |  |             | <br>      |     |  |
| OR   |                    |                         |  |  |             |  | <u> </u>    | <u> </u>  |     |  |
| PA   |                    |                         |  |  |             |  |             |           |     |  |
| RI   |                    |                         |  |  |             |  |             |           |     |  |
| SC   |                    |                         |  |  |             | -  |             | <u></u> . |     |  |
| SD   |                    |                         |  |  |             |  | . <u>-</u>  |           |     |  |
| TN   |                    |                         |  |  |             |  |             | !         |     |  |
| TX   |                    |                         |  |  | <u> </u>    |  |             |           |     |  |
| UT   |                    |                         |  |  |             |  |             | <u> </u>  |     |  |
| VT   |                    |                         |  |  |             |  |             |           |     |  |
| VA   |                    |                         |  |  |             |  | <u> </u>    |           | _   |  |
| WA   |                    |                         |  |  | -           |  |             |           |     |  |
| WV   |                    |                         |  |  |             |  |             |           |     |  |
| WI   |                    | Х                       | \$5,000,000  | 2  | \$1,025,000 | 0  | 0           |           | х   |  |
| WY   |                    |                         |  |  |             |  |             |           |     |  |
| Foreign  |                    | Х                       | \$5,000,000  | 3  | \$260,0000  | 0  | 0           |           | n/a |  |

